



WEST END ACADEMY

pre-school

5311 McKamey Road
Knoxville, TN 37921
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Westendacademy.org

Date of Pre-enrollment visit/tour: _____ Date of Admission: _____

Child's Name: _____

What name does the child go by: _____ DOB: ____ / ____ / 20____

SSN (Important in case of emergency, this is kept confidential): _____

Parent/Guardian Name: _____

Home Address: _____

Cell phone: _____ Work phone: _____

Email: _____ Check email often

Place of Employment: _____

Work Hours: _____ Check if Child lives with this parent/guardian

Parent/Guardian Name: _____

Home Address: _____

Cell phone: _____ Work phone: _____

Email: _____ Check email often

Place of Employment: _____

Work Hours: _____ Check if Child lives with this parent/guardian

If parents are separated or divorced, who has legal custody of the child? _____

A certified copy of the Order of Custody must be provided if the above line is filled in.

If a specific arrangement has been made regarding the custody of your child/children, please list any important details below (**DOCUMENTATION MUST BE PROVIDED**)

Previous Caregiver	Dates Attended	Reason for Leaving	Phone Number

Have you ever been asked to leave a previous facility? YES NO

If yes, please state the reason: _____

Child's Name: _____

DOB: _____

How would you describe your child's eating habits?

___ light eater ___ average eater ___ big eater

Does he/she feed himself/herself? YES NO

Are there any foods that your child doesn't like? _____

Are there any foods that your child is allergic to? _____

Are there any foods that due to religion/other reasons, your child may not eat? _____

If your child refuses to eat, how is this handled at home: _____

Is your child potty trained: YES NO Is your child currently potty training: YES NO

What word is used for urinating: _____ BM: _____

Notes on potty training you feel relevant (reward system, accidents, etc). _____

Does your child take a nap: YES NO When: _____

Habits associated with going to bed: _____

Where does your child sleep at home: Crib Bed Other: _____

When your child misbehaves at home how is this handled: _____

Do you use time-out at home: YES NO

What type of reward system do you use at home and what behaviors get rewarded: _____

How is positive behavior reinforced at home: _____

Please list any other information about your child or family that you feel relevant to your child's well-being: _____

Child's Name: _____

DOB: _____

Health History Checklist

These questions have been specifically designed to help us better serve your child on a daily basis or in an emergency. It is important that you answer these questions to the best of your knowledge. The information listed below will be confidential and will NOT be used for discriminatory purposes.

Is your child allergic to any medication: _____

Is your child allergic to any foods: _____

List any other allergies: _____

Has your child been diagnosed with a disability (please explain): _____

Does your child take any medication on a regular basis: YES NO

Please list medication taken regularly and its side-effects: _____

Has your child ever been hospitalized or had surgery: YES NO

Please explain (List surgeries): _____

Please mark the following:

- | | | | | | |
|---|---|--|---|---|--|
| Y | N | Child has accidents while sleeping | Y | N | Child has a heart condition |
| Y | N | Child has asthma | Y | N | Child has had worms |
| Y | N | Child wheezes | Y | N | Child is hemophiliac (free bleeder) |
| Y | N | Child wears glasses or needs them | Y | N | Child has immune system disease/concern |
| Y | N | Child has had 2+ ear infections in the last year | Y | N | Child has bladder issues |
| Y | N | Child has had tonsils removed | Y | N | Child has issues with regular BM |
| Y | N | Child has tubes in ears | Y | N | Child has sinus issue/concern |
| Y | N | Child is epileptic or has seizures | Y | N | Child has a history or behavioral concerns |
| Y | N | Child has a speech delay/concern | Y | N | Child has hearing aids/problem hearing |

If you answered yes to any of these questions, please describe in detail: _____

****All children must have an updated immunization record and physical examination on file.****

Child's Name: _____

DOB: _____

EMERGENCY SHEET

Parent/Guardian Name: _____

Home Address: _____

Cell phone: _____ Work phone: _____

Place of Employment: _____

Work Hours: _____ Check if Child lives with this parent/guardian

Parent/Guardian Name: _____

Home Address: _____

Cell phone: _____ Work phone: _____

Place of Employment: _____

Work Hours: _____ Check if Child lives with this parent/guardian

Child's Physician: _____ Phone: _____

Address: _____

Child's Dentist: _____ Phone: _____

Address: _____

ALLERGIES

Medicine: _____

Food: _____

Other: _____

Allergy Action Plan (BE SPECIFIC): _____

Medication Taken Regularly: _____

Known Side-effects: _____

If neither parent can be reached, please list one other person we may contact. **(MUST be local and MUST BE on Authorized pick-up list)**

Name: _____ Relationship to Child: _____

Address: _____ Phone: _____

I, _____, give West End Academy consent to seek emergency medical treatment for my child, _____, in the event of an accident, injury, sudden illness, or medical need.

Hospital: _____ Doctor: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Authorized Pick-up List

No more than 7 people may be added to this list. (Do NOT include the 2 parent/guardians from application on this list). **PLEASE ENSURE EACH INDIVIDUAL BRINGS A VALID I.D. EACH TIME THEY PICK-UP YOUR CHILD.**

Name: _____ Relationship to Child: _____
Phone: _____ Work Phone: _____
Address: _____

Name: _____ Relationship to Child: _____
Phone: _____ Work Phone: _____
Address: _____

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Phone: _____ Work Phone: _____
Address: _____

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Phone: _____ Work Phone: _____
Address: _____

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Phone: _____ Work Phone: _____
Address: _____

Name: _____ Relationship to Child: _____
Phone: _____ Work Phone: _____
Address: _____

Name: _____ Relationship to Child: _____
Phone: _____ Work Phone: _____
Address: _____

I understand that my giving consent for these individuals to pick-up my child, _____, West End Academy will not be held liable for any harm done to the child while in the above-mentioned individuals' care. I also understand that both parent/guardians have equal rights to add/remove individuals from this list unless a parenting court order is provided.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Where did you hear about our Preschool:

___ road sign ___ internet research ___ Other: _____

___ friend referral ___ child here in the past

If friend suggestion, please tell us who so we can thank them: _____

If you had a child here in the past, what year: _____ Name of child: _____

Please initial each line and sign at the bottom:

_____ I have received a summary of TN licensing requirements

_____ I have received West End Academy Preschool's policy statement

_____ I have received West End Academy Preschool's Illness Policy

_____ I have received and completed West End Academy Preschool's health checklist

_____ I authorize emergency medical care to the Director or authorized personnel of West End Academy

_____ I understand that additional information may be required for this application to be complete. In signing, you agree to provide any needed additional information.

I understand and agree to all of the mentioned statement, and to the best of my knowledge, all of the information contained within this application is true and correct. I agree to notify West End Academy immediately if any information needs to be updated or added to make this application accurate. I agree to all policies and rules.

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ Date: _____